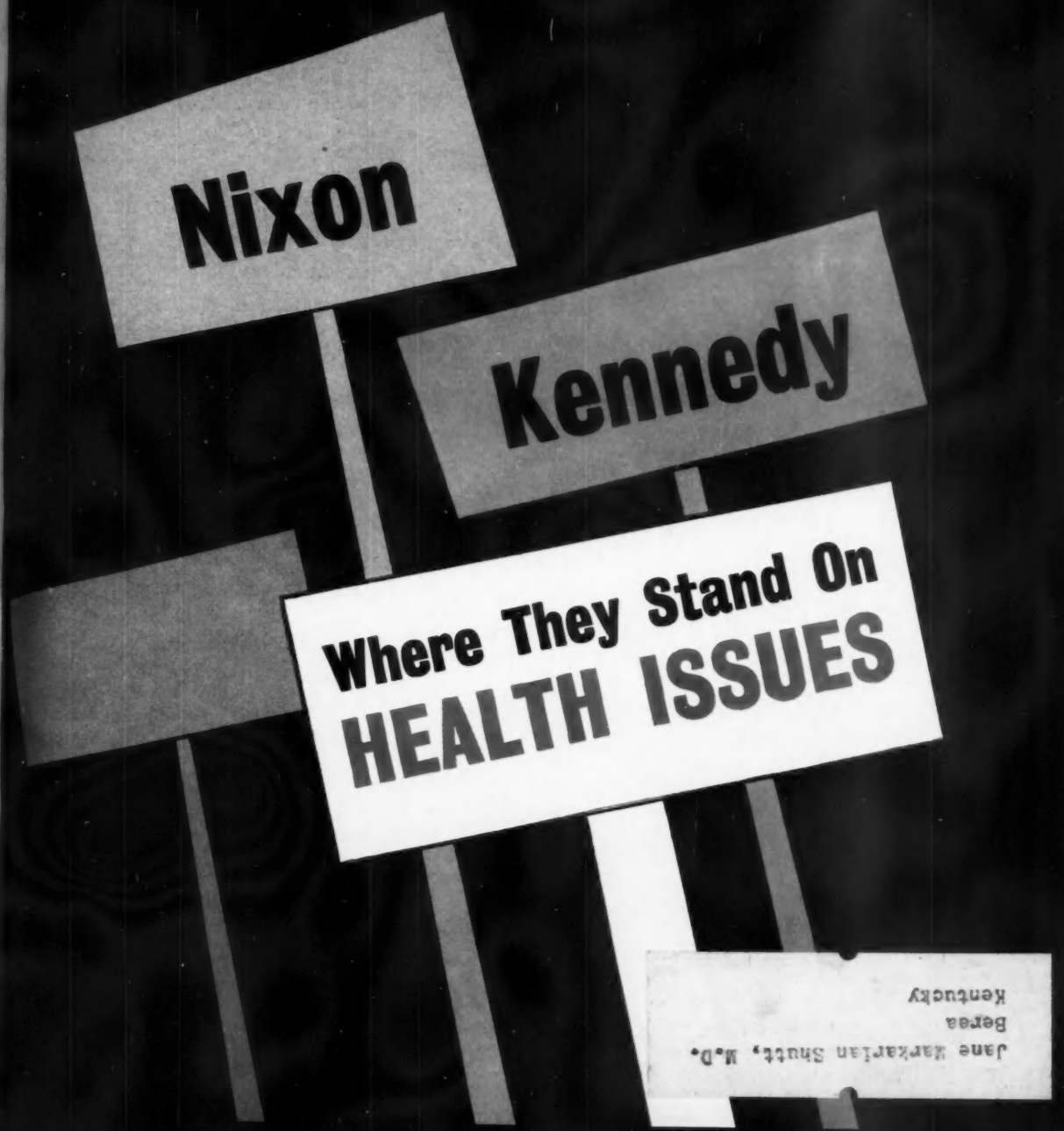
MEDICAL WORLD NEWS

August 12, 1960



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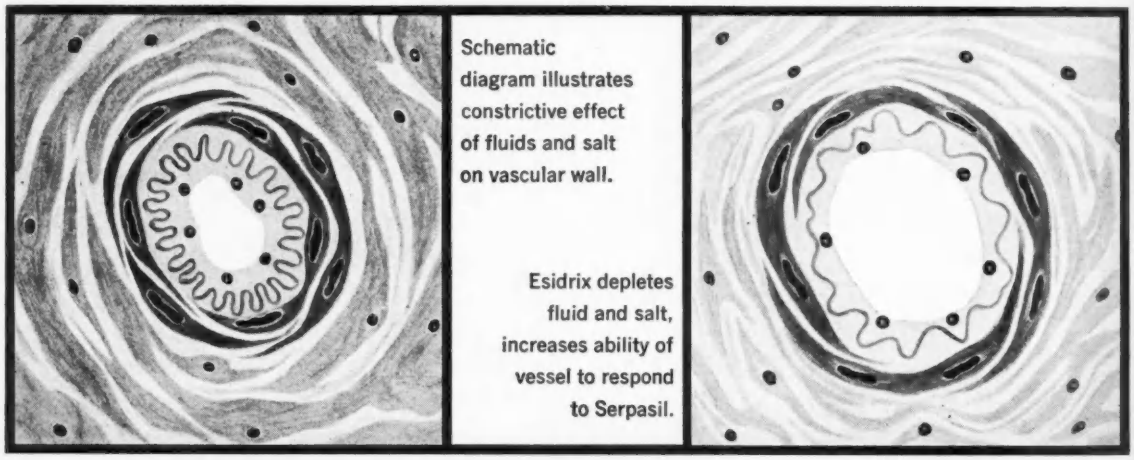

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*Newcomer, V. D., **et al.:** A.M.A. J. Dis. Child. **99**:585, 1960.

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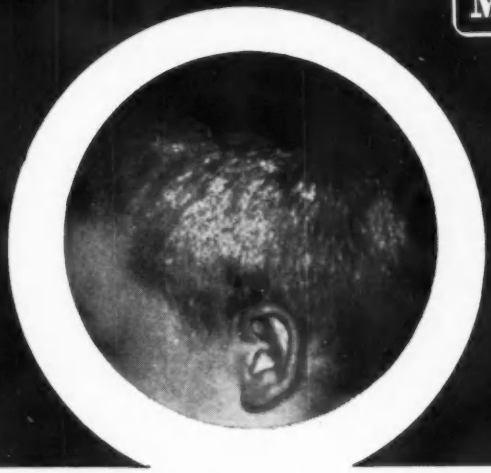
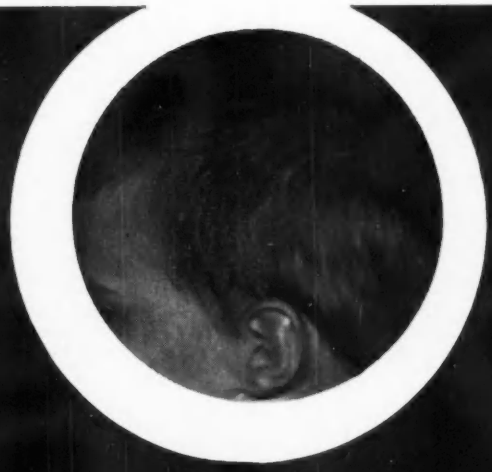


Tinea capitis, before GRIFULVIN. Microscopic and Wood's light examinations help differentiate this infection from non-ringworm disorders.



After 5 weeks' treatment with GRIFULVIN. (Photo taken 1½ months after discontinuance of medication.)

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REFERENCES: 1. Medical Records of Chemiewerk Homburg A/G. 2. Linke, H.: München. med. Wchnschr. **100**:969 (June 20) 1958. 3. Quandt, V. J., Von Horn, L., and Schliep, H.: Psychiat. et Neurol. **135**:197 (Mar.) 1958. 4. Medical Records of Ayerst Laboratories.

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LATE NEWS

MD EXAM FIGURES AT AMA SESSION ANALYZED

Abnormal tracings were found among 183 of the 1,328 EKGs performed on physicians during the annual American Medical Association meeting in Miami this year, according to preliminary analysis.

EKG readings were considered "borderline" in another 108 cases, reports Dr. Charles E. McArthur of Olympia, Wash., chairman of the committee on physical examinations for physicians. The largest proportion of abnormal readings, as expected, fell among the 60 to 69-year-old physicians, followed by those in the 50-59 bracket, dropping off sharply among both younger men and those over 70.

In addition, more than 1,000 chest x-rays were taken during the meeting. Among the first 877 films read, 38 showed apical scarring, five with more advanced old tuberculosis, one pleural effusion, nine nodules (uncalcified), 24 basal scars or infiltration, 20 pulmonary abnormalities of various kinds and 28 with definite indications of cardiac abnormality.

Of 734 doctors examined for glaucoma, 35 were referred for further examination because of increased ocular tension.

Noted Dr. McArthur: The number of EKG readings was a 50 per cent increase over previous meetings. Formerly, some 8-10 per cent of doctors attending the AMA session were examined; this year, the figure was about 16 per cent.

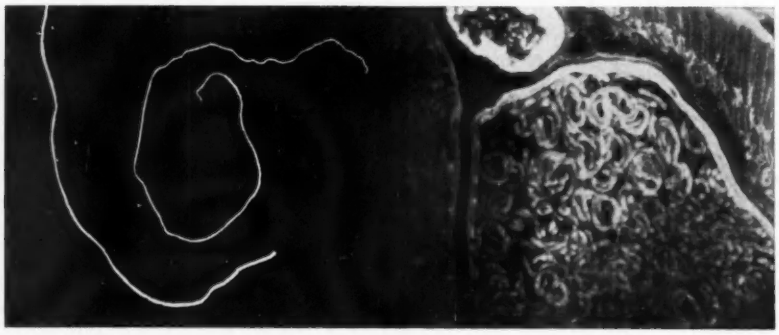
ECLAMPTIC MOTHERS HAVE ECLAMPTIC DAUGHTERS

Toxemia of pregnancy is now considered a family affair.

Dr. Leon Chesley, professor of obstetrics and gynecology at New York State University College of Medicine, systematically surveyed 25 years of case records from Margaret Hague Maternity Hospital, Jersey City, N. J., and found the following: 296 women had eclampsia and 39 per cent of their 110 daughters, plus 37 per cent of their 147 sisters also developed toxemia before confinement. The only previous evidence that toxemia runs in families consisted of isolated case reports in medical literature, he noted.

What they inherit may be behavior patterns rather than eclampsia, Dr. Chesley told a recent London conference of the International Society of Geographical Pathology. Many women fail to go to a physician early in their pregnancies, he said, although good prenatal care and the willingness of women to follow their doctors' advice could prevent toxemia or aid in its effective management.

PARASITE DISEASES IN NEW DIAGNOSTIC LIGHT



WORMS fluoresce (l.) after exposure to antibiotic in vivo. At right is frozen section.

Filarial diseases may now be diagnosed on sight, with the aid of tetracycline and an ultraviolet hand lamp.

Two National Institute of Allergy and Infectious Diseases scientists have built the simple new method on two bases: the knowledge that tetracyclines glow yellow-gold when exposed to ultraviolet, and their discovery that filarial worms selectively take up more of this antibiotic than do surrounding tissues.

The first patient thus diagnosed was a 15-year-old female with so-called "fugitive swellings" on trunk and body. Twenty-four hours after receiving tetracycline, she was examined by ultraviolet hand lamp in a dark room. Linear, yellow-fluorescent streaks were seen scattered over many parts of her body. When traced at intervals over a 6-hour period, these streaks appeared to migrate in a circular fashion.

The findings were reported in the *Proceedings of the Society for Experimental Biology and Medicine* by Dr. John E. Tobie, acting chief of the Laboratory of Immunology, and Dr. Henry K. Beye of the Laboratory of Clinical Investigation.

RISE IN INFECTION RATE: MORE APPARENT THAN REAL?

The general impression that the rate of postoperative infections is increasing may be more apparent than real, and may be based on the treatment of more debilitated patients by a greater variety of complex techniques.

So comments the *AMA Journal*, which cites a study of the infection rate following 3,089 subtotal gastrectomies at the Massachusetts General Hospital, Boston, from 1932 to 1958. The rates: 16 per cent from 1932 through 1940; 4.1 per cent from 1941 through 1953, and 9.4 per cent from 1954 through 1958.

The latter period increase reflected a greater incidence of infection in the general hospital service; the incidence during the same period in the private service was only 5.5 per cent. There were also a greater number of emergency subtotal gastrectomies in the general service than in former years.

"The cumulative facts suggest that the patient and his disease may be the most significant variable to account for the rise in postoperative sepsis infection after subtotal gastrectomies in the past few years," concluded the authors of the study, Drs. Benjamin A. Barnes, Glenn E. Behringer, Frank C. Wheelock, Earle W. Wilkins and Oliver Cope, of Boston.

HIGHER WAGES URGED FOR BETTER NURSES

For more and better nurses, better wages will have to be paid, says Dr. Daniel H. Kruger, Labor and Industrial Relations Center, Michigan State

University. He told the 13th International Congress on Occupational Health meeting in New York City that a survey he is conducting among more than 500 Michigan nurses confirms two major complaints: poor working conditions and poor compensation.

Although the professional status of nurses is relatively high, partly through "osmosis" from association with doctors, the nursing shortage continues. The repetitious nationwide appeals to service and the glamor of crisp white uniforms are a failure, Dr. Kruger says. He recommends that nurses overcome their passivity and raise their economic level if they want to further increase their professional status.

PLANT TUMOR STIMULANT ISOLATED FROM WASP

A substance from wasp glands which produces tumors on plant leaves—perhaps by the same mechanism which produces animal cancer following trauma — has been isolated by a California Institute of Technology research team.

The cecidogen, whose existence has long been presumed, is a growth stimulator injected by the wasp, causing a gall on the leaf and providing both room and board for the larva that emerges from the wasp's egg. Apparently it is neither a nucleic acid nor a virus, but a small, stable molecule. It is not known how the substance accelerates plant growth, but the researchers think it might cooperate in some way with a plant's "wound hormones." It is conceivable that a similar process induces animal tumors at the site of wounds or of irritated tissue.

A major difference between plant and animal tumors, however, is that the former continues to grow only as long as it receives the cecidogen. This may be because plants have no circulatory system comparable to that of animals for transporting seed cells, the researchers speculate.

The discovery was made at Caltech's Earhart Plant Research Laboratory, under American Cancer Society grants, by Dr. William Hovanitz, entomologist, Dennis R. McCalla and Mrs. Margaret Genthe, who are now considering testing the substance as a carcinogen in animals.

R. I. POLIO OUTBREAK SPURS MASS INOCULATIONS

The nation has had its first important polio outbreak of the season.

On June 8, Rhode Island reported its first case for 1960. One month later there were 33 cases, one death.

By June 15, Rhode Island had 54 cases and metropolitan Providence was declared an epidemic area.

Mass inoculation records were broken in the Providence area. Capt. Edward A. Anderson, a Navy doctor who developed the painless hydrospray jet "gun," inoculated 11,020 persons in Providence in the greatest mass inoculation day in history. (He broke his own record, set earlier in Africa for yellow fever inoculations.)

A clash among state and local health officers over free polio clinics, slowed up the mass vaccination campaign, but at the end of July, it was estimated that 230,000 Rhode Islanders had had at least one Salk shot.

According to Dr. Jeremiah A. Dailey, state health director, Rhode Island had an excellent record for polio inoculations when the Salk vaccine first became available. It showed up in the annual polio rate. In the four year period, 1952-1955, just before the vaccine came into general use, polio cases averaged 238 a year in the state. During this period 26 persons died of polio. Between 1956 and 1959 the average annual incidence fell to 5.5 cases, with only three deaths. However, there was evidence that vaccina-

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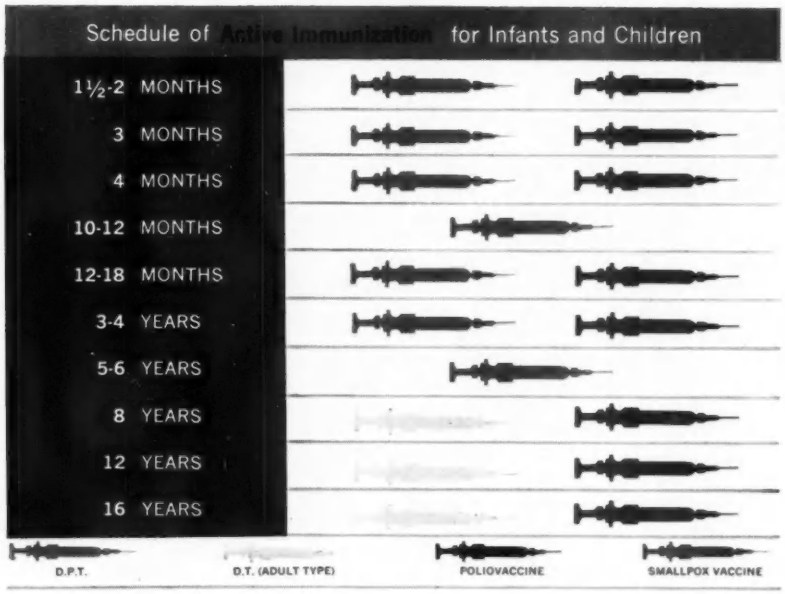
SALK POLIO SHOTS: NEW REGIMEN SUGGESTED



A fifth shot of Salk poliovaccine — and more booster shots in late childhood and early teens — is recommended by the American Academy of Pediatrics in the forthcoming periodic report of its committee on control of infectious diseases.

"Poliovaccine for primary immunization of infants should be given as a separate injection at the same time as triple antigens, or in a commercially-prepared quadruple vaccine containing inactivated poliovirus vaccine combined with diphtheria and tetanus toxoids and pertussis bacilli," the report notes. "For reasons of safety and to avoid possible loss of antigenic potency, it is considered advisable for physicians not to improvise mixtures of diphtheria, pertussis and tetanus antigens and poliomyelitis vaccine.

"There are few contraindications to poliomyelitis vaccination. It may be performed safely at any time of the year, even when poliomyelitis is present."

LATE NEWS CONTINUED

tion rates had begun to fall off in 1958. Then came 1960.

Right now the state Department of Health reports the highest case rate since they began keeping polio records in 1910, and the peak may still be ahead. By the end of July there were 74 cases, with a paralytic rate of about 80 per cent, and 4 deaths. Of this number, 51 are five years or under.

Of the paralytic cases so far reported, 5 had had three or more Salk shots. One death occurred in a patient who had received four Salk shots.

WEST BERLIN EPIDEMIC REPORTED AT CONFERENCE

In West Berlin, mass immunization with live-virus Cox vaccine (Lederle) was instituted in an attempt to stave off an impending polio outbreak. Speaking from the floor at the Fifth International Polio Conference in Copenhagen, Dr. Georg Heneberg of West Berlin's Robert Koch Institute gave these details:

Some 280,000 children were given the Cox vaccine in a ten-day period beginning May 11. Within three weeks, some 42 cases of polio had been reported; 23 of them among vaccinees. One fatality occurred, in the father of a vaccinated child. Commented Dr. Herald Cox, the vaccine's developer: since the immunization program apparently took place during an epidemic, it is impossible to draw any definite conclusions about the relationship between vaccine and polio incidence. The same vaccine, he noted, has been safely administered under nonepidemic conditions in various cities in the U.S. and in several other countries.

BOXING GLOVES ARE BOON TO SCRATCHING PATIENTS

From ringside comes a new aid for dermatologists: boxing gloves to prevent patients from scratching themselves in their sleep.

The boxing gloves do the trick when ordinary gloves or mittens fail, says Dr. Elmer R. Gross of Wilmington, Del., in the current *Archives of Dermatology*. Patients can remove the latter in their sleep; they cannot unlace the boxing gloves without help.

Dr. Gross keeps pairs of gloves in his office, lends them to patients. If they find the big mitts useful, they then can buy a set of their own.

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A LETTER FROM THE PUBLISHER

How far should a reporter go to get a story?

Our editor, Morris Fishbein, has just completed a trek through twelve countries on both sides of the Iron Curtain, surveying current medical conditions. Reluctant to leave the Continent "uncovered," we dispatched associate editor Alex Dorozynski to Europe just as Dr. Fishbein was heading home. Alex's mission: to cover several important foreign medical meetings.

In so doing, we almost lost our man Dorozynski. Shortly after take-off, his Copenhagen-bound plane developed a fire in the electrical system, dumped all its fuel into the Atlantic and made a quick emergency landing in Nova Scotia. Twenty hours late, Alex arrived in Denmark just in time for the beginning of the First International Congress of Endocrinology.

ALEX IN WEIGHTLESSLAND

This kind of aerial hazard, however, is by now child's play to reporter Dorozynski. Just prior to leaving for Europe, he visited Wright-Patterson Air Force Base near Dayton, Ohio, to gather material for a future cover story on space medicine. Wright-Patterson is one of several centers studying physiological effects of space flight, including weightlessness, or the apparent absence of gravity.

Not content with the usual interviews and researching, Alex cajoled photographer Paul Slade into joining him inside a specially modified Convair C131B, where space conditions are simulated. How do you take pictures with one camera when the other keeps floating up before your line of sight? How do you cope with that leg floating in front of you when you discover it's your own (see photo)? And what do you do with those white fluffs floating before your eyes which turn out to be the milk you're trying to drink? (Alex will give his first-person answers later in MEDICAL WORLD NEWS).

These are just a few items from the global and outer-space itineraries of some of our staff members. Alex Dorozynski's findings on the medical aspects of space flight and his coverage of down-to-earth medical events in Europe will be featured in our next issue.

How far should a reporter go to get a story? Sometimes, I guess, way, way out.

M M Geffen

Publisher

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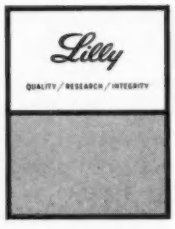

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NEWS

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August

OUTLOOK

- **VA hospitals will study parkinsonism surgery**
- **Gland donations sought by new pituitary bank**

Newer surgical methods for alleviating tremor in Parkinson's disease will be evaluated by seven VA hospitals. Among the techniques to be appraised will be pallidectomy by electrocautery, ultrasound and some newer vascular surgery approaches.

A second evaluation of neurosurgical techniques for multiple sclerosis and other disorders involving tremor and rigidity is also scheduled over the next three years at New York's St. Barnabas Hospital under a $269,000 grant from the John A. Hartford Foundation.

Fluoridating local water supplies has been declared unconstitutional by a St. Louis, Mo., court, in what may be a precedent-setting move. Throwing out a law calling for this measure, the court said, "The County Council cannot compel everyone in the county to submit to dental treatment."

For an experimental pituitary bank just opened in San Francisco, physicians are being asked to find persons who will authorize post-mortem donation of their pituitaries. Under the direction of the University of California Medical School, the bank initially will attempt donor-pituitary hormone treatment in only four carefully selected children suffering from pituitary dwarfism, according to Dr. Roberto F. Escamilla, project chief.

Canada's own "Kefauver investigation" of pharmaceuticals is expected to reconvene about the same time the Tennessean reopens his hearings (mid-August). So far, the Ontario Select Committee on Drugs has merely been "exploring" the background of drug practices and prices, but it looks as if one of the major topics of future committee interest will be trade versus generic names in prescribing drugs.

A program of foreign biological literature translation, beginning with Russian work, will be launched by the American Institute of Biological Sciences with support from the National Science Foundation. Selected monographs will be issued in addition to regular translation of journals covering biology, botany, biochemistry, microbiology and other subjects.

WHERE THEY STAND ON HEALTH

Presidential candidates reveal personal and party differences in thei

KENNEDY:

'Unfortunately, voluntary health insurance has not and cannot do the job. Although insurance companies have made a mighty effort . . . it is unlikely they can reach our older citizens.'

Sen. John Kennedy went to the nominating convention with a health-care platform plank in his pocket. He left behind in Washington the Senate health-care bill he sponsors. Both call for the same thing: Federal medical aid to the aged to be financed by Social Security taxes.

When he used his acceptance speech to point out how strongly he feels about the aged medical problem, nobody could have been very surprised. His views on the issue have been as long known as they have been clearly stated.

Much of Kennedy's philosophy in the welfare field was revealed on Aug. 19, 1958, when he delivered a major speech on the Senate floor calling for a ten-point "Bill of Rights for Our Elder Citizens." The basic thesis was that the full resources of the Federal government should be enlisted in the effort to meet the urgent needs of the aged.

This speech was the forerunner of Kennedy's demand for a special Senate inquiry into the problems of the elderly, which resulted in creation of the McNamara Subcommittee and its extensive hearings on the issue. The address was also the precursor of the Senator's aged insurance bill.

"Social Security legislation, private pension plans, the Hill-Burton Hospital Construction Act, and the recently enacted federal housing program, have all taken tentative steps toward honoring our obligations to our elder citizens," he said. "Together they represent a patchwork attempt to meet particularly urgent needs at particular times. We have not yet undertaken a comprehensive program which takes into consideration all the basic problems involved. . . ."

Kennedy's bill of rights called for: 1) wider employment opportunities for the elderly; 2) expanded vocational training facilities; 3) better housing; 4) adequate medical and dental care; 5) increased old age, survivors and disability payments; 6) improvement of the public assistance program; 7) increased recreational facilities; 8) expanded research in chronic illness prevention; 9) more training and research in geriatrics; and 10) effective aid for widows and dependents of the elderly.

Kennedy noted that the medical needs of the elderly were "of staggering proportions," and "we cannot turn our heads and hope this problem will go away."

Among other things, the Senator insisted that substandard nursing home conditions were a particularly "serious problem." Raising these standards calls for "combined state and Federal action."

"But where possible," he added, "the chronically ill should be housed in their own homes. This can be done if the existing public health grants for visiting nurse services are expanded. This would serve a double purpose. On the one hand, it would reduce the cost of caring for the patient, and on the other hand, it would supply the patient with a home environment, which is often a prelude to complete and faster recovery."

As a member of the Senate Labor and Public Welfare Committee, which handles health legislation, Kennedy called for a detailed staff study of the aging problem. Later he played a role in creation of a special subcommittee on aging. Sen. Pat McNamara (D-Mich.) was named chairman and Kennedy vice chairman. The subcommittee held a widely publicized series of hearings in various cities around the country. Although he was vice chairman, Kennedy did not attend any of these sessions. But he insisted he was fully represented and kept completely informed by a personal aide.

In any event, Kennedy later subscribed to the subcommittee's report calling urgently for a massive Federal health insurance program for the aged. In fact, even before the report was published, he introduced his own insurance bill because "we have too long ignored the grave medical problems of our older citizens," and because "White House conferences will not alleviate this hardship."

"Unfortunately," he declared, "voluntary health insurance has not, and cannot do, the job. Although insurance companies have made a mighty effort . . . it is extremely unlikely that they can reach our older citizens. No program

CONTINUED PAGE 12

...LTH ISSUES

...erences in their approaches to medical-care legislation

NIXON:

'I have consistently opposed and will continue to oppose any compulsory health insurance program. The answer to the problem is voluntary cooperation rather than compulsory regimentation.'

Despite political necessities and the gadfly activities of New York's governor, Vice President Nixon has managed to remain steadfast in his opposition to compulsory medical aid for the aged.

In working out the now-famous "compromise" platform for the GOP convention, Nixon substantially staved off Governor Nelson Rockefeller's more liberal leanings toward legislation tied to the Social Security system. The resulting plank calls for a program covering only persons of limited means and requiring state contributions. Most important, it gives the beneficiary the option of buying private insurance.

The platform writers noted that this method of encouraging commercial and voluntary insurance companies is a "vital distinction" between the GOP and Democratic approach. It also is a vital part of Nixon's personal philosophy in the field of health and welfare.

As a congressman for four years, a senator for two, and finally as Vice President, Nixon's statements on these issues have all reflected a conservative attitude.

"We must make it clear to the people," he told Republicans early in 1959, "that we are conservative because we believe this is the best way to progress—to produce better jobs, higher wages, better homes, better medical care, more security and all the other good things that people want."

Again on Oct. 23, 1958, he said: "We Republicans believe in human welfare, but not in the welfare state. The difference is vital. Our aim is to create a climate that favors growth and progress; and then let the people decide for themselves what they will do with their money. The welfare state is based on the idea that government knows best."

This basic philosophy was reflected in the Federal health insurance bill Nixon co-sponsored in 1949, in his pay-as-you-go pension proposal of 1950, in his various votes on Social Security legislation, in the advice he gave the medical profession in 1951 and finally in his behind-the-scenes maneuvering this year in the Forand battle.

In the postwar fight over a proposed compulsory national health insurance plan, pushed by President Truman and organized labor, Nixon, with other Republicans, called for a voluntary approach, denouncing the idea of government compulsion. Nixon put his case succinctly during his campaign for the Senate in 1950:

"I know that serious illness can place a tremendous strain upon the family budget. But I also know that America today has the highest standard of medical care in the whole world. How can we meet this problem of providing medical care for those who need it at a cost they can afford to pay, without reducing the standard of medical care?

"My opponent advocates a national compulsory health insurance program which would be forced upon all the people of the country whether they liked it or not. For this reason, I have introduced in the House and will support in the Senate, legislation which will provide Federal assistance to voluntary health insurance plans. . . . I say that the kind of health program we should have in the U.S. is one in which everybody who wants health insurance can get it . . . but in which no one is forced to join such a plan against his will."

The legislation Nixon referred to was the so-called Flanders-Ives measure which was introduced in 1949 as a substitute for the Democrat-supported national compulsory insurance bill.

This year, as Health Secretary Arthur Flemming wrestled with the Administration's plan for coverage for the aged, Nixon, behind the scenes, took the same firm position against the compulsory provisions, although reports indicated otherwise. At one point, Flemming proposed secretly that the Administration endorse one of four plans, drafted by HEW experts, which were all to be tied in with the Social Security system. Although

CONTINUED PAGE 12

KENNEDY:

for health insurance for the aged can be effective unless:

"First: All persons at all age levels are enrolled so that the premiums can be paid during the long period of youthful good health.

"Second: The benefits are sufficient to pay the entire cost of hospitalization and nursing services.

"Third: There is some provision for diagnostic services to encourage preventive medicine."

Like the Forand bill, Kennedy's proposal would be linked with the Social Security system. Benefits would be paid through Social Security taxes. Unlike the Forand bill, however, it eliminates surgical benefits.

A private Kennedy memorandum, to counter doctors' objections, insisted that physicians would be the gainers, not losers, if the bill became law.

"The bill does not in any way interfere with the doctor-patient relationship," the Kennedy memorandum asserted. "It does not affect in any way the fees doctors may charge their patients. There is no provision dealing with medical services. Unlike other bills . . . it contains no provision for surgical benefits.

"The only effect upon the medical profession is to allow physicians to use nursing services more often, take advantage of diagnostic procedures in the treatment of patients over 65 and give them greater freedom in the use of hospital and nursing homes."

Before the Democratic convention, the Senate was zeroing in on a bill sponsored by Sen. Clinton P. Anderson (D-N. Mex.) with backing from Sen. Lyndon B. Johnson. Whatever is done now, Kennedy's new status as the party's official leader guarantees that his own ideas will be given full weight in the Senate deliberations during the politically hot post-convention session.

In general, Kennedy has supported the medical programs urged by the Labor Committee chairman, Sen. Lister Hill (D-Ala.). He has also taken the lead on a number of issues.

In the current Congress, he urged the launching of a World Health Year, co-sponsored the International Health Research Bill, introduced one bill to aid the blind, and pushed another to obtain more teachers for the deaf.

In addition to urging such specific programs, Sen. Kennedy has also offered physicians some practical advice:

"Most public opinion surveys show doctors to have less interest in political and public affairs than almost any comparable group," he told a Freedmen's Hospital-Howard University group in Washington, D. C., in June, 1958. "They not only fail to participate actively in our political leadership—but they are too often wholly nonpolitical in their interests and ideals.

"But this current attitude of disdain for public service —of washing one's hands of community responsibilities— has been neither historically nor universally true in the ranks of the medical profession." He concluded that there was now an urgent need for "greater participation" by doctors in the political arena "because of the tremendous importance of the problems now facing us. . . ." ■

NIXON:

Nixon had not supported specific proposals at the time, he let Flemming know he would oppose any compulsory plan. This helped to kill all four proposals and to pave the way for the so-called "voluntary" Federal-state subsidy formula later unveiled by the Administration.

This plan, attacked both by the AMA and organized labor, won the emphatic endorsement of Nixon, who might easily have ducked taking a stand as he has on some other touchy election-year issues.

"The difference between the Administration's program and the Forand bill," he said in a special statement, "goes to the fundamental nature of our free society. The Forand bill and similar plans would set up a great state program which inevitably would head in the direction of herding the ill and elderly into institutions whether they desired this or not. Such a state program would threaten the high standards of American medicine. The Administration program recognizes the medical problems of the elderly but preserves freedom of choice."

But at an earlier point in his career, Nixon had different ideas about dealing with the problem of the aged. In 1950 he declared: "Our older citizens must receive assistance from the working generation. The present Social Security Act fails to meet this problem adequately. It does not cover at all many of our older citizens who were unable to earn their Social Security benefits and has forced them into the humiliating position of going on public relief. . . ."

But Nixon has also said the medical profession has shortcomings. He summed up his feelings in an address before a group of state medical officials in 1951:

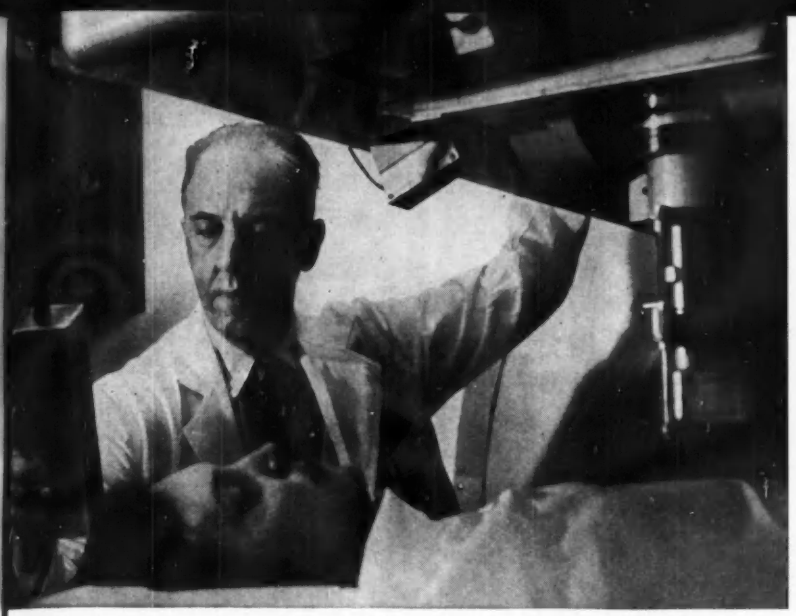
"I think that in complete candor we should recognize that the present system of distribution of medical care in the U.S. is not perfect. I don't say that in a critical fashion, because as I said at the outset, I am one of those who believe that we have the finest system of medical care in the world at the present time. Nevertheless, there are imperfections.

"These imperfections, as long as they do exist, are the bases for the arguments which the proponents of government medicine constantly use to sell their programs. I feel that, wherever possible, the medical profession should in the future take voluntary action which will reduce the imperfections. . . .

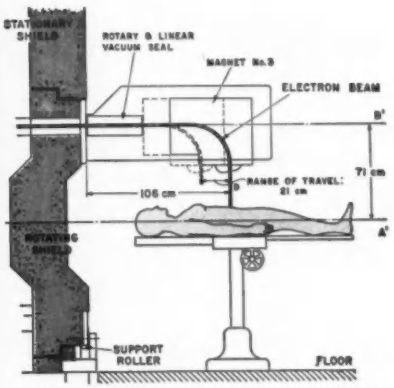
"I am convinced that the medical profession has taken a very long step in the right direction with its recently announced program of subsidizing medical schools on a voluntary basis rather than on a government basis.

"I would suggest also," he said at the time, "that additional voluntary action is needed in two fields—getting better geographical distribution of medical care and hospital facilities, and encouraging wherever possible voluntary health insurance programs."

In all that he has done in the health and welfare field, the new GOP presidential nominee has emphasized voluntary over compulsory action. This has been a consistent theme in his record since his first election to Congress nearly 14 years ago. ■



INSIDE Argonne accelerator, therapist aims electron emitting unit at treatment site.



TRAVELLING beam covers 20 by 20 cm.

ELECTRON CHAMBER FOR TAMING TUMORS

Half-million dollar unit pinpoints 50 million volts on 'inaccessible' growths

A new accelerator at the University of Chicago Argonne Cancer Research Hospital combines the advantages of the most powerful electron beam available for medical use with the most precise power and scanning control ever achieved. Sixteen cancer patients have already been treated with encouraging results and—in spite of high power—with relatively low skin reaction, according to Dr. James W. J. Carpender, radiotherapist at the Chicago hospital.

The new machine was built at a cost of a half-million AEC dollars. Its 16-foot-long tube gives electron bursts of six ten-millionths of a second at the rate of 60 per second. Its power ranges from five to 50 million electron volts concentrated in a ray half a centimeter in diameter. It can scan an area 20 by 20 cm.

The microwave linear accelerator, devoted to full-time medical use, can treat growths in some heretofore inaccessible areas without damage to sensitive organs nearby, Dr. Carpender said.

In all cases thus far, side effects have been limited, with relatively low skin reaction, even though doses have been higher than in conventional radiation therapy. One of the first patients was treated for cancer of the mastoid, which previously could not be adequately treated because of danger of damage to the brain. Other cases included mycosis fungoides (where there was complete regression), cancer of the parotid, the inner ear and urinary bladder. Other hard-to-radiate tumors to be treated in the future include those at the gingiva, base of the tongue and, perhaps, the brain.

The Argonne hospital, established in 1953 by the Atomic Energy Commission, also has a two million volt Van de Graaf x-ray generator and a gamma ray therapy unit using a cobalt 60 source. Other linear accelerators in the country — at Michael Reese Hospital in Chicago and at Stanford University — have fixed beams.

Several types of radiation are used in experimental cancer therapy. Heavy neutrons from a nuclear pile provide deep penetration, creating particles that destroy tissue. Protons are now being used to attempt destruction of glandular material, in an effort to control cancerous growth. Electrons penetrate less deeply and can be used for surface lesions or tumors a few centimeters deep. ■

OUTSIDE treatment area, radiologist monitors cancer treatment on television screen.

SPERM SHAPE STUDY WHIPS UP A STORM

In a transatlantic controversy, two noted genetics investigators debate the validity of microscope evidence on the role of sperm shape in determining sex of offspring

Asked to comment on the report by Columbia University's Dr. Landrum B. Shettles that the shape and size of a sperm's head may decide sex (MWN, July 1), Britain's testy Lord Rothschild, a leading gametologist, snapped in a recent television interview: "It's a lot of tripe. Many measurements have been made in hopes of identifying X and Y spermatozoa. No such difference has been found."

Now, in more scientific terms, Lord Rothschild has detailed his criticism. Here are highlights of his charge—and Dr. Shettles' reply (in italics)—published in the British journal, *Nature:*

Lord Rothschild states:

Shettles reports that human sperm heads fall into two distinct populations without intermediate types. One type of sperm head is small and contains a centrally located round mass [Y-chromosome], while the other is large and contains a centrally located elongated mass [X-chromosome]. According to Shettles, these centrally located masses are nuclear material, though nuclear material is generally thought to be uniformly distributed within the mature sperm head.

Dr. Shettles replies:

More than a hundred men have now been studied, and the two distinct populations have been repeatedly observed in every semen specimen—regarding head and nuclear size and shape; the position, size and shape of the most central chromosomal mass; and the pattern of reflected light.

NEW YORK'S Dr. Shettles.

In one sperm head, it is reported, three investigators independently counted eighteen discrete chromosomes. This is the first time that chromosomes have been "observed" in a mature sperm head, it having been universally agreed before that discrete chromosomes are not visible there.

The most central mass in each type of head is unequivocally Feulgen-positive, as well as the other compact chromatin masses considered to be autosomes. Twenty-three chromosomal masses have been counted in some of the rounded [Y-Chromosome] type.

Although X and Y spermatozoa might have been expected to be present in approximately equal numbers, Shettles makes no reference to having counted the types, which is surprising considering the ease with which the two types could have been counted.

Contrary to previous teaching, the ratio of the two types of heads varies from man to man; in most specimens thus far studied, the rounded type predominates. This problem is being studied regarding sex of offspring possibly already produced, frequency of emission and age of individual. Any difference in migratory rate of the two types is also being investigated.

One photomicrograph, described by Shettles as being of a human sperm head, shows that the head in question is no less than 30μ long, whereas the average human sperm head is 5μ long.

The final enlargement of the illustration being enlarged nearly 10,000 times, and its reduction by the printer, do not permit one to figure the original size of the head in microns. The length of human spermatozoon heads is often cited to vary from 5 μ to 8 μ; in fact, in some men studied, the larger, normal elongate types had heads 15 μ long.

BRITAIN'S Lord Rothschild.

From what has been said, Shettles' claim should clearly not be accepted. The question at issue is: What, in reality, did he observe? Were the round and long black masses distorted vacuoles which occur inside human sperm heads—distorted because of the unusual optical system Shettles used, or because, when dry, human spermatozoa just do not always settle on the microscope slide in the same way? Or were the central masses optical artifacts which can easily be demonstrated if crystals in dried human seminal plasma are examined with phase contrast at different focal depths?

At least 25 different competent observers have been shown preparations; each individual has agreed regarding the two populations. It has also been found that the two populations can be seen in dried smears viewed in bright light microscopy, with proper adjustment in light intensity. Moreover, the differences in morphology have been noted in very thin smears of seminal fluid with living spermatozoa immobilized by means of an atmosphere of carbon dioxide. Furthermore, thin, wet smears observed before, during and after drying under the phase contrast objective of the Zeiss microscope show the two, distinct types of heads. Again, the Feulgen test is confirmatory.

Concludes Rothschild: There is so far no evidence that physical differences have been found between X and Y spermatozoa.

Concludes Shettles: *There is an exact pattern of arrangement of the Feulgen-positive, concentrically arranged chromosomal material around the most central chromosome in the smaller, rounded type of head, and an ovoid pattern in the more elongated type. Two most dependable cytogeneticists have already repeated and confirmed the findings reported.* ■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AN ANCIENT PROBLEM: CONGENITAL DEFECTS

First international meeting correlates data on specific abnormalities and spotlights newest findings on some effects of nationality, class, maternal health and order of birth

SPINA BIFIDA in 500-900 A.D. carving.

When 480 medical scientists from 26 nations of the free world gathered in London last month for the International Conference on Congenital Malformations, it was the first such occasion in the history of medicine.

Yet, as Dr. George W. Corner of the Rockefeller Institute pointed out, the problem is as old as the human race. Achondroplasia is depicted in 5,000-year-old Egyptian paintings, and club foot was known in the XIth dynasty. Australasian aborigines, who never learned to write, showed their concern with congenital malformations in carvings.

Medicine could not come to grips with the palliation or correction of innate defects until techniques for delicate and daring surgery of the heart and great vessels, and of the CNS, were developed. It could not explain the etiology of such defects, let alone attempt to prevent them, Dr. Corner said, until the science of embryology had itself emerged from the embryonic state. This has happened only in the present century.

SPINAL DEFECT in Egypt's Queen of Punt.

Fast-Growing as a Fetus

Thanks to recent striking developments in embryology, more has been learned in the last 25 years than in all previous history about the causation, development and correction of congenital malformations. This body of knowledge is now growing as fast as a fetus, and subdividing through ever greater refinement of paramedical disciplines. If physicians are to understand, treat and eventually prevent congenital malformations, they must rely not only on the contributions of anatomists and physiologists, but on the research of geneticists, embryologists, virologists, biochemists, enzymologists, immunochemists and a host of others.

Epidemiology has begun to produce significant findings. The total incidence of major congenital malformations is approximately the same among Caucasians, Mongolians and Negroes. But there are striking differences between specific abnormalities of the races. Harelip, with or without cleft palate, is far more common in Mongolian (Japanese) populations than in Caucasian, and commoner among Caucasions than among Negroes. Polydactyly, on the other hand, occurs most frequently among Negroes, while Mongolians have a medium incidence and Caucasians the lowest.

(An interesting sidelight noted by Dr. Corner was that the Dionne quintuplets had mild palmatures: all the girls had a slight webbing between the second and third toes of each foot.)

Variation by Economic Class

Within ethnic groups there are still marked variations by social class. In Great Britain, and more especially in Scotland — which has its own vital statistics setup — it has been found that the total incidence of abnormalities is highest in the lowest socio-economic class. The inference, said Dr. Thomas McKeown of Birmingham, England, is that causative factors exist in the environment. But what they are is not yet clear.

There is also a seasonal variation. In both Birmingham and Edinburgh, but not in Rhode Island, it has been found that anencephalus is 50 per cent more frequent among stillbirths in the October-March period than in the other half-year. Congenital dislocation of the hip is twice as common in Birmingham (and in Japan) among children born in fall and winter.

Birth order and maternal age are major factors associated with many abnormalities, but they are not always additive in their effect on incidence. Mongolism is the first defect clearly proved to be linked with advanced maternal age. It also shows a slightly higher incidence among first-born. Dr. McKeown listed other similar items:

- Anencephalus: markedly more common among first-born, rises slightly with maternal age.
- Spina bifida: more common among first-born; not affected by maternal age.
- Hydrocephalus: slightly greater risk to first-born; much greater with advanced maternal age.
- Patent ductus arteriosus: highest among first-born; unrelated to maternal age.
- Congenital dislocation of hip: marked extra hazard among first-born; possibly slight increase with advanced maternal age.
- Harelip (with or without cleft palate): effect of birth rank is probably trivial, but there is a sharp rise at late ages.
- Cleft palate without harelip: no evidence of association with either age or parity.

At the conference, sponsored by the National Foundation, the influence of maternal viral infections, especially in the first trimester, came in for much attention and some suggestive (if not yet conclusive) new evidence was reported.

DWARFISM in Central American figure.

Virologist Andrew J. Rhodes of Toronto gave a timetable for the target organs of rubella infection: 5th to 10th weeks, heart defects; 6th week, cataracts; 6th to 9th weeks, dental deformities; 9th week, deafness. Efforts to cultivate the rubella virus have so far been in vain, Dr. Rhodes reported. Prophylactic infection can be transmitted, as yet, only with material from a current rubella victim—blood or a nasal spray. Hyperimmune gamma globulins may mitigate the maternal infection while failing to fully protect the fetus. There are also cases, noted Dr. Rhodes, where exposure of an immune mother to rubella has damaged the fetus.

The effort to identify teratogenic viral diseases other than rubella has been only moderately rewarding. Measles (rubeola) is suspect but the evidence is inconclusive. In most studies, vaccinia from smallpox vaccination has been exonerated. But one Scottish report associates a high incidence of birth defects with vaccination from the 4th to 12th weeks of pregnancy. An Irish and an English research team both report a markedly increased incidence of severe abnormalities following maternal infection with Asian influenza, including spina bifida, meningocele, hydrocephalus, mongolism and cardiac defect.

Aside from rubella, the virus most positively incriminated is that of mumps, said Dr. Rhodes. No fewer than 22.6 per cent of women who contracted mumps in the first trimester either aborted or had abnormal infants; the rate fell to half this if the infection occurred later.

Infinite Variety: Some Treatable

Among the almost infinite variety of congenital defects for which medicine and surgery had, until recently, no effective treatment, it is now possible to palliate (and in a few cases, virtually cure) the following: patent ductus, patent foramen ovale and other intracardiac defects, congenital hip dislocation, hydrocephalus, phenylpyruvic oligophrenia and a limited number of spinal cord defects.

Although only about 10 per cent of congenital malformations can now be traced directly to genetic factors, the possibility remains that many others are caused by recessive (and

ACHONDROPLASIA in Egyptian dwarf.

elusive) genes, or that susceptibility to such teratogens as rubella virus may somehow be genetically determined. So the geneticists had a field day.

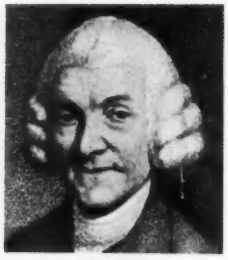
Mongolism, they recalled, has recently been shown to be associated with a supernumerary autosome: victims have 47 chromosomes. In Klinefelter's syndrome the extra chromosome is among the sex determinants and gives an XXY pattern.

The importance of chromosome determination to the everyday practice of medicine was emphasized by Dr. W. M. Court-Brown of Edinburgh, who said his experience suggests that at least 20 per cent of women with primary amenorrhea will be found to have chromosome abnormalities.

Dr. Edward L. Tatum, the Rockefeller Institute's Nobel Prize-winning geneticist, gave the conference a prophetic fillip. When genetic defects are known to exist in a prospective parent, he suggested, it may eventually be possible to correct them by administering laboratory-made genes — specially tailored molecules of nucleic acid. A similar technique, said Dr. Tatum hopefully, might be used to correct genetic defects after the child is born, provided they are of the types that manifest themselves at the biochemical rather than physical level. ■

A REMARKABLE 'CLUB' SALUTES 300TH YEAR

FLEMING



HUNTER

ROUS

LEEUWENHOEK

WREN

The Royal Society of London, where 'scientific medicine' came of age, looks back on centuries of achievement by such members as John Hunter, Edward Jenner and John Locke

"*Dr. Croone told me that at the meeting at Gresham College tonight there was a pretty experiment of the blood of one dog let out till he died into the body of another, while all his own run out on the other side. The first died upon the place and the other well and likely to do well. This . . . may, if it takes, be of mighty use to man's health.*"

The scrambled syntax of this prophesy is that of Samuel Pepys writing in his diary, Nov. 14, 1660. The meeting was that of the Royal Society of London for the Promotion of Natural Knowledge, which this summer celebrates its 300th anniversary.

The oldest scientific body in the world, the Royal Society is also one of the most distinguished. To be elected a "Fellow" is the highest recognition that a British scientist can receive from his colleagues. The society also draws members from other countries, and the list of foreign Fellows is studded with Nobel Prize winners.

During the tercentenary celebration, several hundred foreign scientists are visiting London as invited guests. The American delegation of more than 30 includes at least six MDs, among them such distinguished figures as Nobel physiologist Carl F. Cori, embryologist George W. Corner and cancer specialist Francis Peyton Rous.

The society's reputation stems not only from its membership but also from its scientific philosophy. Born in the turbulent 17th century, when religious, political and scientific dogmas alike were tottering, it espoused from the first the principle that experiment — not authority — is the source of truth. Its rejection of dogma is summed up in its motto *"nullius in verba,"* from the poet Horace's "I am not bound to revere the word of any particular master."

As the Pepys extract indicates, the society from the beginning was deeply concerned with medicine. Of its 115 original members, at least 22 were doctors and their influence was out of proportion to their numbers. As a group, they overshadowed all the other scientists put together, since "gentlemen amateurs" made up the bulk of the membership.

And They Paid Their Dues

Among the doctors present at the society's first meeting was Jonathan Goddard, inventor of "Goddard's drops" (a crude form of *sal volatile*) and probably the first man in England to make a telescope. Another was William Petty, already well known for his feat of resuscitating a woman hanged for murder and pronounced dead.

The physicians gave the struggling organization more than their names and counsel: unlike many other members, they paid their dues regularly. Since the society received no government subsidy, its prosperous and reliable medical supporters helped it to survive early chronic financial anemia.

Fellows of the society often crossed over the line separating medicine from other branches of knowledge. John Locke, trained as a physician, made his mark as a political philosopher and his writings strongly influenced the "founding fathers" of our own nation. Conversely, Robert Hooke, though no medical man, invented the compound microscope and helped to lay the foundations of microbiology. He also was the society's first secretary.

At least as versatile as Locke and Hooke was Sir Christopher Wren, best known as the architect of St. Paul's Cathedral in London. Wren began his career as a physician and anatomist, and even before the society's formation had carried on experiments in transfusing blood from one animal to another. By employing a syringe to "infuse" drugs into the veins of animals, he anticipated an indispensable modern procedure.

Wren served as president of the society from 1680 to 1682. A later medical president (1727-1740) was Sir Hans Sloane. Though best known as a botanist, Sloane carried on an active medical practice during most of his life and was an early advocate of inoculation for smallpox.

A contemporary of Sloane's, Sir Richard Mead, was physician to Queen Anne. On one occasion he flatly refused to attend Her Majesty, declaring that she was malingering! Mead was among the first to urge the curbing of infectious disease by isolating stricken individuals rather than by quarantining entire communities.

While much of the society's work

during the 18th century concerned exploration — notably the voyages of Captain Cook — medical men continued to play a distinguished role in its activities. Two are outstanding: John Hunter, "the father of scientific surgery," and his pupil, Edward Jenner, pioneer in smallpox vaccination.

From the very beginning the society drew its members from beyond the British Isles. Among its original members was John Winthrop, governor of Connecticut and one of the first physicians in the American colonies. A later colonial Fellow was Dr. John Morgan, founder of the University of Pennsylvania Medical School and subsequently medical director of the Continental Army of the Revolution. Benjamin Franklin was, of course, elected.

The society drew on Europe as well as America, adding to its rolls such distinguished foreign Fellows as Anton van Leeuwenhoek, pioneer microscopist, and Marcello Malpighi, discoverer of the kidney structures that still bear his name. More than 100 communications from Leeuwenhoek were published in the society's journal, *Philosophical Transactions*, today the oldest scientific periodical in the world.

Medical Influence Continues

Although during the 19th and 20th centuries the expansion of the physical sciences has gradually reduced the proportion of physicians in the society, the influence of medical men remains strong. One of the reasons is noted by historian T. P. R. Laslett in a tercentenary article for the *British Medical Journal*:

". . . we are commemorating the establishment of the experimental method of scientific inquiry, the beginnings of what we now call scientific medicine. . . .

"We all know too much about the rate of progress in medicine and in everything else to suppose that all this happened overnight. Medicine, and especially the actual curing of sick people, is peculiarly difficult to bring under the experimental method . . . But the foundation of the Royal Society was, to a surprising extent, the work of the English medical profession. They helped to found it, and they supported it, these hard-working, far-sighted Stuart doctors, because they believed that it would save lives and relieve pain. It is not for us to be critical of them because it took so long." ■

THE 'CLOUD BABIES'

A new epidemiological concept describes a special class of disease-spreading infants

Certain infants in hospital nurseries who are infected with staphylococcus but are asymptomatic may be literally surrounded by clouds of bacteria. Thus, they have been called "cloud babies."

Strikingly, they do not present any overt sign of disease. But they pose a real and present danger of spreading staph both in the hospital and at home.

This, in brief, is the core of a new epidemiological concept suggested by Dr. Heinz F. Eichenwald of New York Hospital, and called "revolutionary" by the editors of the *American Journal of Diseases of Children*.

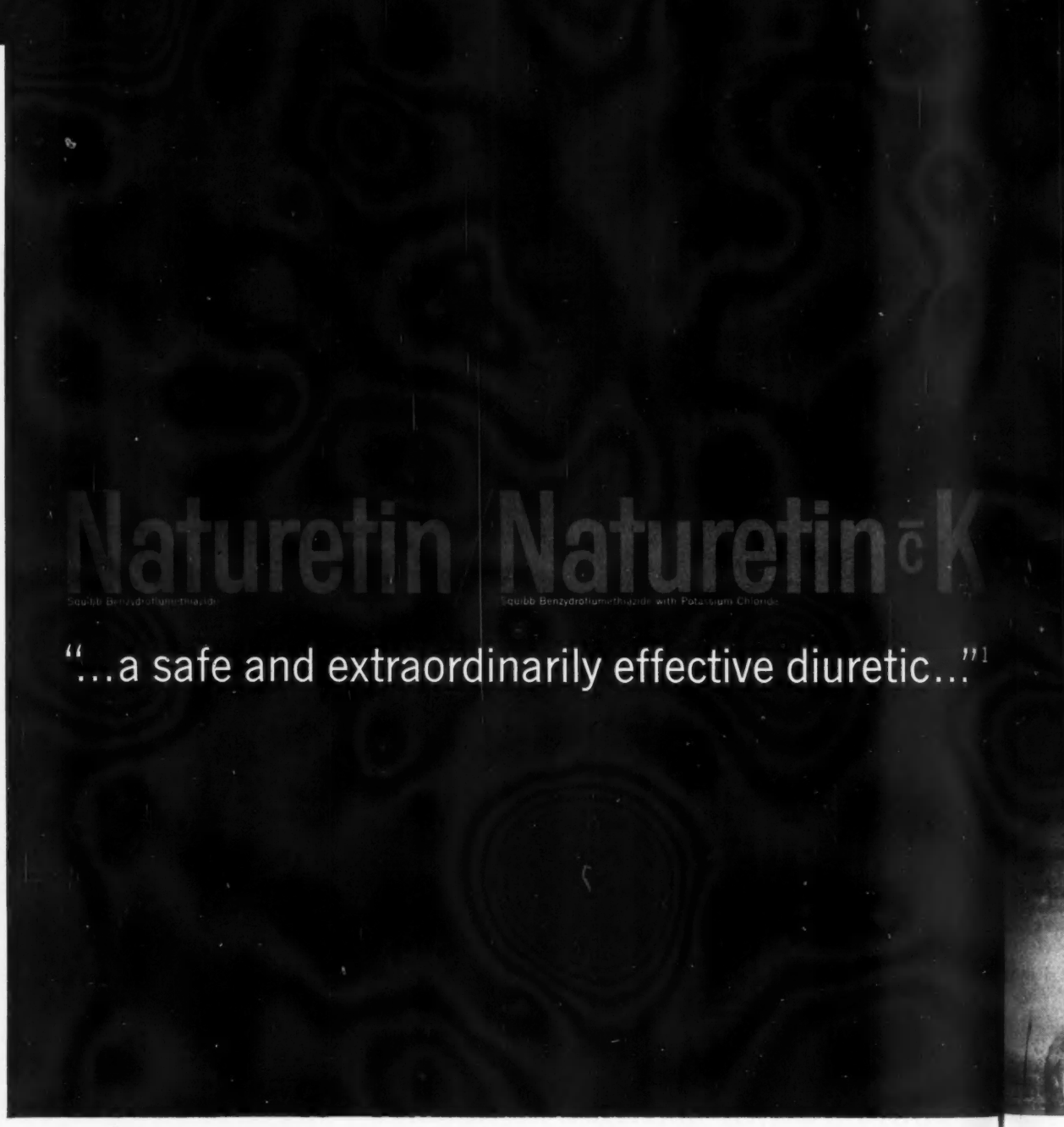
In the *Journal*, Dr. Eichenwald and colleagues Dr. Olga Kotsevalov and Lois A. Fasso, RN, state that a newborn infant infected with staph may fall into one of two distinct groups. The majority of babies possess a low index of infectivity or contagiousness, while a small minority are highly infectious to others. Investigation of these clinically well babies shows that "a factor is responsible for the phenomenon of 'cloudiness' which operates independently of the staphylococcus, is itself infectious and has a distinct epidemiology of its own.

"This factor appears to consist of a number of respiratory viruses occasionally encountered in hospitalized newborn infants," the clinician noted.

The new viral-bacterial concept was reached by painstaking and ingenious methods. Aerial contamination was measured in a number of ways in two groups: one group included 216 asymptomatic nasal and skin carriers of staph type 80/81 (so-called "hospital staph"); the other included 49 babies who also had clinically obvious pyoderma. All babies were under 10 days old. Most infants with impetigo actively disseminated staph into the surrounding air. Among the asymptomatic carriers, about one-half disseminated the organism. These infants, the "cloud babies," were found to have been infected in two exceptionally sharp staph epidemics.

Dr. Eichenwald's study also revealed that "cloud babies" produced an increase in the number of staph 80/81 organisms in the air of any room to which they were moved; their arrival also was followed by appearance of nasal carriers of the organism among the staff. Contact with a "cloud baby" also could convert a nondisseminating carrier into a "cloud baby."

The editors of the *Journal* comment: "What is needed is a carefully designed experimental approach to show how staphylococci can perform the preposterous feat of seemingly 'evaporating' from a moist surface. without any hint of a sneeze. When this almost unbelievable phenomenon can be explained, the cloud baby will have a firm foundation." ■



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prone patients, patients with conditions where the likelihood of electrolyte imbalance is increased or during extended periods of therapy.

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Dosage: in edema, average dose, 5 mg., once daily, preferably in the morning; to initiate therapy, up to 20 mg., once daily or in divided doses; for maintenance, 2.5 to 5.0 mg., daily in a single dose. *In hypertension:* suggested initial dose, 5 to 20 mg. daily; for maintenance, 2.5 to 15 mg. daily, depending on the individual response of the patient. When Naturetin is added to an antihypertensive regimen with other agents, lower maintenance doses of each drug should be used.

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References: 1. David, N. A.; Porter, G. A., and Gray, R. H.: Monographs on Therapy 5:60 (Feb.) 1960. 2. Stenberg, E. S., Jr.; Benedetti, A., and Forsham, P. H.: Op. cit. 5:46 (Feb.) 1960. 3. Fuchs, M.; Moyer, J. H., and Newman, B. E.: Op. cit. 5:55 (Feb.) 1960. 4. Marriott, H. J. L., and Schamroth, L.: Op. cit. 5:14 (Feb.) 1960. 5. Ira, G. H., Jr.; Shaw, D. M., and Bogdonoff, M. D.: North Carolina M. J. 21:19 (Jan.) 1960. 6. Cohen, B. M.: M. Times, to be published. 7. Breneman, G. M., and Keyes, J. W.: Henry Ford Hosp. M. Bull. 7:281 (Dec.) 1959. 8. Forsham, P. H.: Squibb Clin. Res. Notes 2:5 (Dec.) 1959. 9. Larson, E.: Op. cit. 2:10 (Dec.) 1959. 10. Kirkendall, W. M.: Op. cit. 2:11 (Dec.) 1959. 11. Yu, P. N.: Op. cit. 2:12 (Dec.) 1959. 12. Weiss, S.; Weiss, J., and Weiss, B.: Op. cit. 2:13 (Dec.) 1959. 13. Moser, M.: Op. cit. 2:13 (Dec.) 1959. 14. Kahn, A., and Greenblatt, I. J.: Op. cit. 2:15 (Dec.) 1959. 15. Grollman, A.: Monographs on Therapy 5:1 (Feb.) 1960.

MD-OSTEOPATH WINS FIRST ROUND

A New Jersey judge orders admission of DO to full medical society membership in a decision that may have national implications in a standing dispute

Although DOs and MDs are granted equal rights under New Jersey licensing laws, medical societies in the state have long followed a policy of strict segregation. Now, that policy has been challenged by a Superior Court judge.

The case in point centers around Dr. Italo Falcone of New Brunswick. The son of a physician, he graduated from the Philadelphia College of Osteopathy and was licensed in 1950 to practice medicine and surgery in New Jersey. Dr. Falcone also studied at the University of Milan, where he received an M.D. degree in 1952. Returning to the U.S. to practice, he was an associate member of the Middlesex County (N.J.) Medical Society from 1954 to 1956. But when he applied for full membership he was turned down; the society refused to recognize his medical degree because he'd received three years' credit toward it through his osteopathic studies.

JUDGE Bernard Vogel hands down a key ruling in DO-medical society dispute.

Appeal Is Rejected

Dr. Falcone thereupon sued the medical society, claiming that without membership he was barred from the staffs of two voluntary hospitals in New Brunswick, St. Peter's and Middlesex General. After a lengthy trial, Superior Court Judge Bernard W. Vogel ruled in the osteopath's favor, accusing the county and state societies and the AMA of exercising "monopolistic control" over the practice of medicine.

Within the last month, the judge has turned down the medical society's appeal for a new trial and has ordered the society to admit Dr. Falcone to full membership "forthwith." Execution of the order will be held up for several months until an appeal has been heard—probably in the Appellate Division of Superior Court, although the State Supreme Court may hear it directly because of the broad implications of the case.

Refuse to Comment

New Jersey medical officials have maintained a tight-lipped silence about the whole affair, referring all requests for information to the county society's attorney, Robert M. Backes of Trenton. Dr. Jesse McCall, president of the state society, even refused to brief the press on organized medicine's policies relating to osteopaths.

Privately, though, authorities at the state and national level concede that Judge Vogel's decision, if it stands up under appeal, will have a shattering effect on the right of medical societies to reject applicants for membership—be they DOs, closed-panel MDs, or whoever.

Specifically, the judge charged the Middlesex society, the state society and the AMA with having "virtual monopolistic control of the practice of medicine." Hospital-accreditation policies, he said, make membership in the county medical society "essential for any doctor wishing to freely and fully pursue his profession in Middlesex County."

The practical effect of the society's "monopoly," in Judge Vogel's words, "is to prevent nonmembers of the society from practicing medicine in the overwhelming majority of hospitals in the state." He characterized the Falcone case as "a blatant illustration of the defendant society creating itself as an intermediary between the licensed physician and a hospital, an effort we hold to be offensive to the public policy of the state."

'Voluntary Association'

When he appeals the decision against the society, attorney Backes is expected to stress these points:

- The medical society does *not* have a monopoly over medical practice. "This monopoly simply does not exist," he told MEDICAL WORLD NEWS. "The medical society is a voluntary association of members."
- The judgment was "not appropriate," since the hospitals involved weren't named as defendants in the suit. The decision, said Mr. Backes, "would make you believe that doctors control hospitals," whereas policies are actually set by hospital governing boards. Moreover, he added, the majority opinion in other cases has been that voluntary hospitals have a right to set professional standards for staff members.
- Judge Vogel's ruling didn't show that Dr. Falcone suffered "substantial injury" as a result of the society's refusal to admit him.

Whatever happens to the appeal, the Falcone case is sure to carry national implications — especially in states like New Jersey, where there is a wide disparity between licensing laws and the attitudes of the medical profession toward osteopathy. ■

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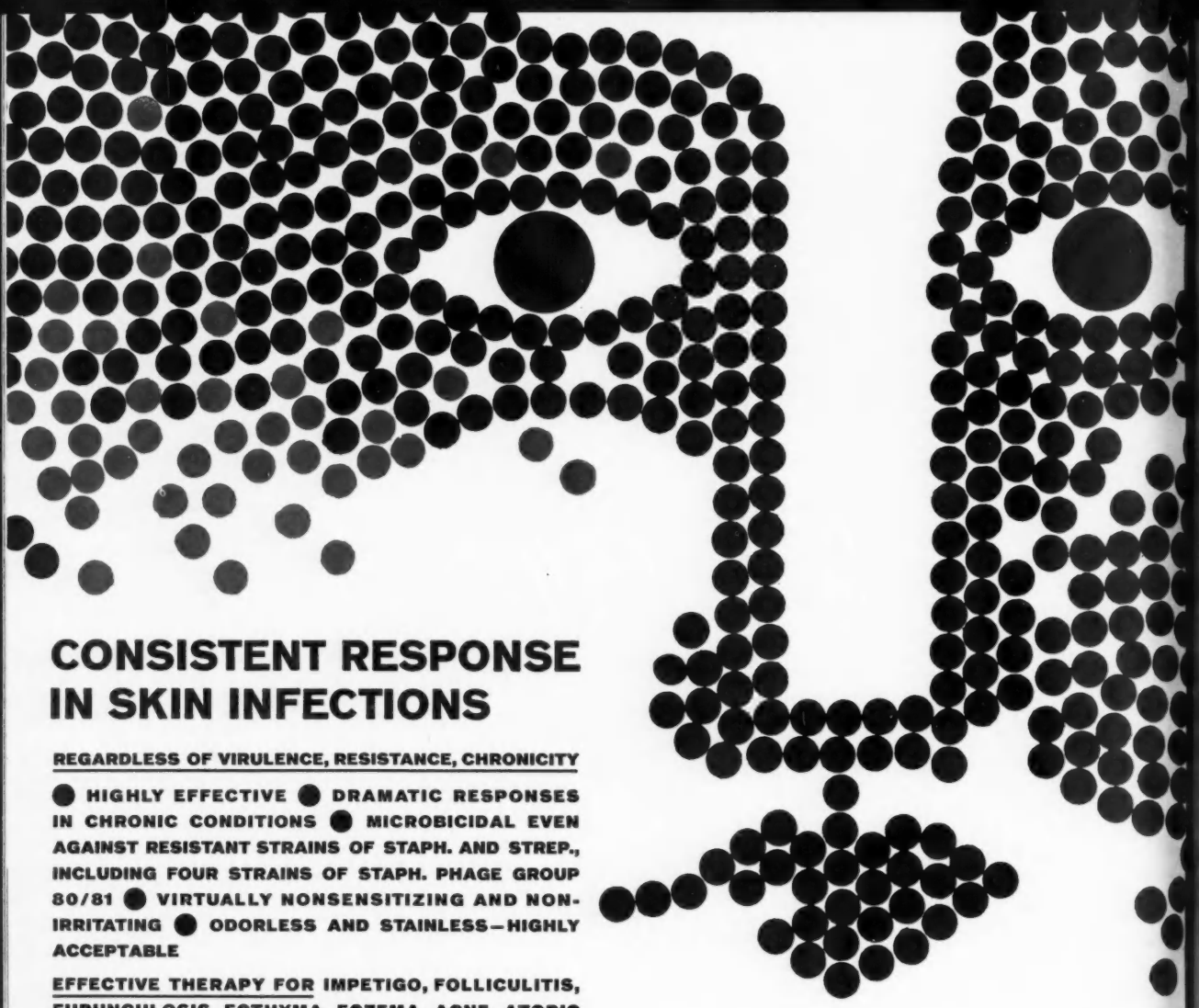

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SELECTED BIBLIOGRAPHY: 1. R. C. V. ROBINSON, ANN. NEW YORK ACAD. SC., 82: (ART 1), 144, 1959. 2. E. EDELSON, E. GRUNBERG, A. D. CALABRESE AND T. V. MORTON, IBID., P. 124. 3. P. L. WILLIAMS, IBID., P. 135. 4. F. T. BECKER AND J. L. TUURA, IBID., P. 131. 5. S. M. BLUEFARB, IBID., P. 119. 6. R. J. SCHNITZER, E. GRUNBERG, W. F. DELORENZO AND R. E. BAGDON, ANTIBIOTICS & CHEMOTHER., 9:267, 1959.

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August

LEGISLATIVE NEWS

AMA lobbyists in Washington are beginning to whisper hopefully about the possibility of a presidential veto. That's the only sure way they see now of blocking a Forand-style health insurance bill for the aged.

The new viewpoint is due to a unique political phenomenon. In the post-convention session of Congress, both of the new presidential candidates will be facing each other in the Senate chamber: Vice President Nixon on the dais and Sen. John F. Kennedy (D-Mass.) on the floor.

Not only that, the Senate will be under the command of the Democratic vice presidential candidate, majority leader Lyndon B. Johnson of Texas.

Thus, it is now a foregone conclusion that the Senate will sweep through a strong health care bill tied firmly to the Social Security system. It may, in some areas, even resemble some of the features of Kennedy's own proposal.

If a strong measure finally emerges, speculation is that President Eisenhower might veto it even though it would be courting political disaster. But, as in the case of the housing bill last year, he could keep sending it back to eliminate features he objects to.

This would be very risky. The Republicans might then get the full blame if the politically popular medical care program were shelved altogether. And this would be a blow which Vice President Nixon, despite his newly stated opposition to a Forand-style measure, might like very much to avoid.

The home loan program for World War II veterans has been extended two years. A bill just signed by the President also continues the appropriation of $150,000,000 a year for direct loans to veterans unable to get private loans at the government-guaranteed interest rate.

Ten sellers of contact lenses have been charged by the Federal Trade Commission with making false advertising claims. Major bases of the complaint were statements by the sellers that there is no discomfort from wearing contact lenses and that these lenses can correct any visual defect. A recent policy statement by the AMA, which in part prompted the FTC action, notes that contact lenses must be used with special care and cannot be considered either entirely effective or entirely harmless.

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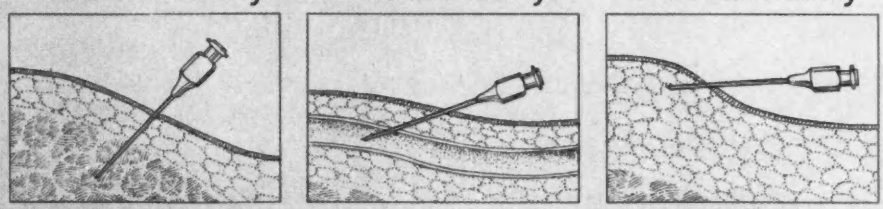

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*Council on Drugs: New and Nonofficial Drugs, Philadelphia, J. B. Lippincott Co., 1960, p. 732

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DOCTOR'S BUSINESS

Deduction for the better half? A recent court decision allowing tax deduction of expenses for wives who accompany husbands on business trips might well apply to doctors. The U.S. Fifth Court of Appeals ruling was based on testimony that such family trips helped the wife understand her husband's business better, therefore enlarging her contribution to his financial success. Should the ruling be upheld, the same reasoning might be used to cover wives who go with doctor-husbands to professional meetings.

Prescription survey of "the 400" The 409 most-prescribed drugs listed by the Continuous Prescription Survey are made by 56 different manufacturers. Of the items, 341 are brand name specialties while 68 are generic name drugs. Together, they accounted for 78 per cent of the prescription market last year, according to Abbott Laboratories. The prescription survey, incidentally, notes that the number of most-prescribed drugs (five or more times per 10,000 prescriptions) has stayed at about 400 for some years, regardless of new products introduced or old ones discontinued.

Small cars and smaller big cars Popularity of the compact car among physicians, as among the public generally, has been established. Among the 1961 cars to begin appearing in late September (about three weeks earlier than usual) will be ten compacts: Rambler, Valiant, Comet, Falcon, Lark, Corvair; and the newcomers, Dodge Lancer, Buick Special, Pontiac Tempest and Oldsmobile F-85. The "big cars," too, will be smaller—by four or five inches—and will mostly be shorn of fins, gull wings and curved windshield elbows.

A 'human look' at MDs' offices Take a "human look" at your office and reception room, suggests the Pennsylvania Medical Society public relations committee. Are they large enough, comfortably arranged, cheerful, sufficiently warm (or cool), and have you provided not only reading material for adults and children but also enough light in the right places?

Suggests the committee: Your quarters should look sufficiently businesslike to convey "a quick message of competence and orderliness," but should also have "the lived-in look" which invites ease and relaxation. If you have any doubts, ask your patients informally how they feel about it.

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Names in the News

AWARDS

For producing a public service motion picture on allergy, **Francis C. Brown,** president of Schering Corporation, presented a $37,500 grant to **Dr. Charles D. Marple,** director of the Allergy Foundation of America. The film, to be distributed by Schering and the Foundation, will give information on causes of allergy and treatments available.

Dr. Hong Kun Lee, of Korea, awarded the William J. Donovan Memorial Fellowship in the department of physical medicine and rehabilitation, New York University School of Medicine, by World Rehabilitation Fund. After a year's advance training at the Institute of Physical Medicine and Rehabilitation of NYU Medical Center, Dr. Lee will return to Korea and teach at the medical school in Taegu.

Dr. Milton J. Freiwald, staff eye surgeon at the Jefferson Medical College Hospital, Philadelphia, elected a Fellow of the International College of Surgeons. Dr. Freiwald, also consultant ophthalmologist and surgeon to the U.S. Army and consultant in experimental bioelectronic research for the Franklin Institute Laboratories, was personal physician to the Philadelphia Orchestra during its recent tour of Europe and Russia.

POSTS

Dr. Donald E. Pickering, professor of pediatrics at the University of Oregon Medical School, named director of new Oregon Primate Research Center, located near Portland. Grants for the construction of the Center were made by the Public Health Service, and it will be administered by the Medical Research Foundation of Oregon and the Medical School.

Dr. Fritiof Sjostrand, histology professor at the Karolinska Institute, Stockholm, appointed professor of zoology at the University of California, Los Angeles. A leading authority in the field of electron microscopy, he will organize an extensive research program based on use of three electron microscopes in the zoology department labs at Los Angeles.

Dr. William H. Taliaferro, chairman of the department of microbiology at the University of Chicago and a member of the University's faculty since 1924, named a senior scientist at the Argonne National Laboratory, Lemont, Ill.

Dr. Myron E. Wegman, secretary-general of the Pan American Sanitary Bureau and of the World Health Organization Regional Office for the Americas, named dean of the School of Public Health at the University of Michigan, Ann Arbor.

Dr. Floyd S. Daft, director of the National Institute of Arthritis and Metabolic Diseases, elected president of the American Institute of Nutrition. During his term, the Institute will play host to the Fifth International Congress on Nutrition, the week of September 1, in Washington.

OBITUARIES

Dr. Norman L. Schmidt, 63, Stamford (Conn.) urologist and research associate in cancer at Yale University; he waged a long battle against cancer and had 23 major operations; in 1958, he said, "there is no evidence of any recurrence"; of cancer; July 20, in Newington, Conn.

Dr. Stanley B. Freeborn, 68, medical entomologist and chancellor emeritus of the University of California; authority on malaria and malaria-bearing mosquitos, one of which, *Anopheles freeborni,* bears his name; of cancer; July 17, in Woodland, Calif.

Dr. Wilhelm Swienty, 60, obstetrician and gynecologist, refugee from nazism, he practiced in Paris until the arrival of the Germans and was said to have inspired the character of Dr. Ravic in Erich Maria Remarque's novel, *Arch of Triumph;* of heart failure; July 13, in New York City.

Sir Ernest Carling, 83, radiologist; pioneer in the use of radium, he obtained striking results with so-called radium "bomb"; in 1948 called for the revolt of aged, declaring that "sudden cessation of active work is harmful and often fatal"; July 15, in London.

Dr. Maud L. Menten, 81, professor emeritus of pathology at the University of Pittsburgh School of Medicine; she made significant contributions in the fields of enzyme chemistry and histochemistry and wrote first monograph issued by the Rockefeller Institute in 1910; July 17, in East Windsor, Ont.

Dr. Aaron N. Gorelik, 58, internationally-known heart surgeon; recently, after closing hole in heart of four-year-old Greek boy, both he and his patient were received at the White House by the President; of a cerebral stroke; July 17, in New York City.

ACKNOWLEDGMENTS: 5 Louis Fruchter; 7 Paul Slade; 10 UPI; 11 The Daily News; 12 UPI (2); 18, 19 The Bettmann Archive (2), Museum of Primitive Art (2); 20 The Bettmann Archive (3), UPI (1); 21 United Feature Syndicate; 24 Will Gainfort; 31 National Institutes of Health; 32 Joseph Meranto

CHANGING MD EDUCATION

Morris Fishbein, M.D.

In the past fifty years we have seen great reforms and advances in medical education—the elimination of proprietary medical schools and the raising of medical education standards, better provisions for internships and residencies and expansion of curricula. New buildings have been constructed; great medical centers are appearing all over the country. Especially conspicuous have been the contributions of the medical schools to medical research. But the pendulum now seems to be swinging in the other direction.

There is a shortage of teaching personnel and clinical facilities, as well as evidence of a serious decline in the quality and number of applicants for medical schools. Medicine once attracted a high proportion of honor students. Now careers in architecture, engineering, electronics, physics, chemistry and nuclear science have greater appeal than does medicine.

Among remedial measures proposed are shortening of the curriculum, including abbreviation of premedical and medical education and even the internship. Dr. Robert A. Moore, president of the Downstate Medical Center, State University of New York, even suggests abolishing internships. Recently he said:

Educational Basis Lost

"Today, the last two years of medicine are clerkships with extensive experience in supervised practice, yet we still have the internship. If the graduate twenty years ago needed an internship before going on to a residency, the graduate today is more than ready for a residency. And, in addition to all this, the internship in many hospitals has lost its essential educational basis and includes much more than practice. Is it any wonder that graduates are more and more electing straight internships, which are really first year residencies, except in name, and are shunning certain institutions?"

Dr. Moore has other startling suggestions, such as the elimination of the long summer vacation and an accelerated program for bright students. He appeals for greater flexibility and avoidance of "lock-step" education. Some experimentation is already under way, notably at Johns Hopkins, Western Reserve and Northwestern.

Nine-Point Improvement Plan

Dr. Moore offers nine suggestions for correcting and improving medical school programs:

Active recruitment.

Shortening of the total period of study.

A longer academic year.

A program with greater opportunity for the more able student.

Greater flexibility in relation to interests.

Programs with greater intellectual stimulation.

Earlier acceptance of students.

Greater availability of scholarship and loan funds.

Adequate housing, particularly for married students.

The proposal for "active recruitment" is the one most immediately available for action. But the eight additional proposals merit serious consideration. The whole problem is of such importance that one would hope for joint action by the Association of American Medical Colleges, the Council on Medical Education of the American Medical Association, the certifying boards in the specialties, the American Academy of General Practice, the National Institutes of Health, the foundations (like the Macy, Commonwealth, Milbank, Ford and Rockefeller), the philanthropies and associations such as the National Foundation, American Heart Association and American Cancer Society. Each of these agencies has undertaken individual studies and made individual reports. The necessary facts are available. All that is needed now is concerted action.

Morris Fishbein

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